

State of California Department of Health Services



July 11, 2003 N.L.: 02-0203

Index: Healthy Families

TO: ALL COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS)

ADMINISTRATORS, MEDICAL CONSULTANTS, HEALTHY FAMILIES (HF) PROGRAM HEALTH PLAN LIAISONS, AND STATE CHILDREN'S

MEDICAL SERVICES (CMS) BRANCH STAFF AND REGIONAL

OFFICE STAFF

SUBJECT: CCS POLICIES RELATING TO HEALTHY FAMILIES ELIGIBLE

CHILDREN

The purpose of this letter is to provide CCS policies related to Healthy Families (HF) subscribers in the CCS Program. HF statutes require the CCS Program to case manage and authorize services for a HF subscriber who has a CCS medically eligible condition. CCS policies are necessary 1) to ensure HF subscribers receive CCS authorized medically necessary services promptly when CCS medical eligibility has been established and 2) the CCS Program requirements are consistently applied statewide for HF subscribers. Currently, approximately 12 per cent of the statewide CCS caseload is HF clients and that percentage is rapidly increasing as HF Program enrollment rises.

This Numbered Letter provides current CCS policies and steps for policy implementation on:

- Processing HF Referrals
- Assigning CCS Aid Codes to HF Subscribers
- Claiming for HF Subscribers with Family Incomes Greater than \$40,000 or Non-completion of CCS Residential Eligibility Determination
- Referral of CCS Clients to HF
- Provision of Tracking Lists to HF Plan Liaisons

This letter also includes helpful resources to assist local CCS programs in carrying out the policies.



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Internet Address: http://www.dhs.ca.gov/pcfh/cms

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I. HF Referrals to CCS:

A. Processing a HF Subscriber Referral:

- 1. A HF subscriber referral/initial request for service shall be reviewed to determine if the child's address is within the county reviewing the referral. The address should be checked against the subscriber's MEDS or HF eligibility file address to confirm it matches the information provided on the referral. If the HF subscriber's address is within the county, the referral/request for service shall be processed immediately. If the HF subscriber's address is in another county, the referral/initial request for service shall be sent to the appropriate county. A copy of the form identifying the action shall be sent to the HF plan liaison. The county to which the referral is sent shall accept the date of referral based on the date the referral was received in the original county.
- 2. The CCS application process shall be initiated upon receipt of a referral/initial request for service. If a HF subscriber's family fails to submit a completed and signed CCS application, the child is eligible for CCS if he/she has a confirmed CCS-eligible medical condition and the family accepts CCS authorizations to paneled and approved providers. The CCS Program is to encourage families to submit a signed, completed CCS application, and to complete the CCS Program residential eligibility information for determination of the appropriate CCS county assignment. If the family fails to submit a CCS application, CCS should continue to authorize services as long as the child has a CCS medically eligible condition and remains eligible for HF. A courtesy copy of both the second and final application notices shall also be sent to the HF plan liaison of record.

B. Determination of Medical Eligibility:

1. CCS shall determine medical eligibility within five days of receipt of referral/initial request for service if the medical documentation submitted with the referral is adequate to make a determination, excluding Medically Handicapping Malocclusion, regardless of the payer source (refer to N.L.: 20-0997, dated September 10, 1997). If medical documentation is inadequate, CCS shall immediately request documentation from the <u>referring provider</u>. CCS shall also send a copy of the request for medical documentation to the family and the HF plan liaison. If difficulty is encountered, CCS should work with the HF plan liaison for assistance in obtaining the needed medical documentation.

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2. CCS shall review the referring provider's panel status. If the provider is not paneled, but appears eligible for CCS paneling, the CCS Program shall inform the provider of the requirement to complete a CCS panel application if he or she wishes to be authorized to provide service for CCS Clients. Local CCS programs can access the CCS Provider Directory either on CMS Net or by the quarterly distributed CD-ROM. Counties not on CMS Net who utilize the CD-ROM can call the Providers Services Unit at, (916) 322-8702 if a provider is not found on the CD-ROM listing.

C. Referrals for HF Subscribers with Medical Conditions Ineligible for CCS:

CCS shall provide a copy of any denial letter or Notice of Action and also use the HF management report process to notify HF health plans when a referred HF subscriber does not meet CCS medical eligibility criteria.

D. Authorization of Services:

- 1. HF subscribers are eligible for CCS when determined medically eligible even if CCS has not received a completed and signed application. The applicant's case shall be opened, medically necessary services authorized, and a permanent CCS case number assigned to the HF subscriber.
- 2. If services are authorized for a HF subscriber who does not have a completed and signed CCS application and PSA, the initial authorization for services shall be limited to 60 days from the date the request for service is received. If the CCS client loses HF eligibility and has no signed application or PSA, the time-limited authorization limits the financial liability of the county CCS Program.
- Medically necessary services delivered by a CCS-paneled and/or approved provider from the time of referral to the determination of medical eligibility shall be authorized if the condition is determined to be CCS eligible.

E. HF Subscribers Completing CCS Program Eligibility:

1. CCS shall allow HF subscribers to either schedule an appointment for a program eligibility interview or submit necessary documents by mail.

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- 2. The CCS Program shall accept HF's determination of financial eligibility. This includes HF subscribers whose family income is greater than \$40,000 as per Health and Safety Code, Section 123870. At the time of the program eligibility determination, whether done in person or by mail, the CCS Program shall have the family declare its annual household income (as per NL.: 17-0901). CCS should also explain the relationship between HF and CCS and the importance of completing the CCS Program eligibility process to the families. However, when enrollment in HF ends, a financial eligibility determination must be performed as part of annual renewal process to verify the income is less than \$40,000 for the family to remain eligible for CCS.
- 3. CCS shall request the family to provide proof of residence or use the residential information on MEDS or the HF eligibility file on EDS Net to verify the HF subscriber's county of residence. The HF Program verifies HF subscribers are California residents with legal immigration status.
- 4. HF subscribers are exempt from payment of CCS Program enrollment and assessment fees.
- 5. CCS shall request all applicants/families to sign a PSA including those with family incomes over \$40,000. HF subscribers with a signed PSA remain eligible for CCS until the PSA expires, even if HF coverage ends. CCS considers the PSA to be a contract between CCS and the HF subscriber /family for 12 continuous months of eligibility regardless of change in HF eligibility. If the family income is over \$40,000 and HF coverage ends prior to the expiration date of the PSA, funding for the CCS authorized services provided from the termination of the HF coverage to the PSA expiration date remains at 100 percent state monies.

F. HF Subscribers Not Completing CCS Program Eligibility:

1. If the HF subscriber/subscriber's family does not submit a completed CCS application, the case remains open and CCS will continue to authorize medically necessary services when: 1) the applicant remains medically eligible, 2) HF coverage is maintained, and 3) the applicant/family accepts authorization of services to CCS paneled and approved providers. If any of the three conditions are not met, the CCS case is to be closed. The family, provider, and HF health plan liaison of record are to be notified of the case closure and a Notice of Action shall be sent when appropriate.

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- 2. When CCS providers have delivered authorized CCS services for HF subscribers within 60 days after the date of referral and the parent/guardian has completed and submitted a CCS application, CCS shall continue to encourage and assist the HF subscriber/subscriber's family to complete the CCS application and program eligibility review process. Families shall be informed that determination of CCS county of residence and signing a PSA ensures continuation of payment for medical care for their child's CCS-eligible medical condition even if HF coverage is lost.
- 3. Funding of CCS authorized services for HF subscribers <u>not</u> completing the CCS Program application and PSA is as follows:
 - The county and state shall each contribute 17.5 percent of the payment for authorized services provided within 60 days of the date of referral or request for services.
 - The State shall pay the county's 17.5 percent share of funding for CCS authorized services provided after the initial 60 day.
 - CCS programs shall continue to encourage and assist the subscriber/family to complete the CCS Program eligibility process.

G. Annual CCS Eligibility Re-Determination for HF Subscribers:

- 1. If the HF subscriber has a signed CCS application and PSA, the annual re-determination shall include verification of:
 - (1) continuing HF coverage
 - (2) residential information using MEDS/EDS Net
 - (3) Medical eligibility and completion of a new signed PSA.
- 2. If HF coverage has been terminated, financial, residential, and medical eligibility determinations are required in order to maintain CCS Program enrollment.

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- 3. If the HF subscriber has **not** signed a PSA, the annual re-determination shall consist of verification of
 - (1) Continuing HF coverage
 - (2) Residential information using MEDS/EDS Net and
 - (3) Medical eligibility

CCS shall continue to encourage the subscriber/subscriber's family to complete the application and program eligibility process.

II. Assigning CCS Aid Codes to CCS/HF Eligible Children:

A. Aid Code 9K

- 1. HF subscribers are initially assigned Aid Code **9K** when determined CCS medically eligible for the initial 60 days after referral, except when the family income as determined by HF is over \$40,000. If the family completes the CCS eligibility process with a signed PSA during the 60 days, the 9K code remains until annual re-determination.
- 2. If a HF subscriber initially assigned Aid Code 9K does not complete the CCS Program eligibility process with a signed PSA, Aid Code 9K shall be changed to 9R 60 days from the date of the initial referral.
- 3. If a HF subscriber's initially assigned Aid Code 9K does not complete CCS Program at the time of annual renewal with a signed PSA, Aid Code 9K shall be changed to 9R 60 days from the date the previous PSA expires.

B. Aid Code 9R

- 1. A CCS medically eligible HF subscriber is assigned Aid Code 9R when the family has an adjusted gross income of over \$40,000 per year.
- 2. If the State CMS verifies through the Managed Risk Medical Insurance Board (MRMIB) that the family's income is under \$40,000, the 9R Aid Code should be changed to 9K.

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3. Aid Code **9R** must also be assigned to those HF Subscribers who do not sign a PSA.

III. Identifying, Reporting and Claiming 100 Percent State Fund Match

- A. HF Subscribers with Family Income Greater than \$40,000 (Health and Safety Code, Section 123940.)
 - 1. The County CCS Program shall determine whether a HF subscriber's family income is greater than \$40,000 by requesting the family to self declare its annual income. A self declaration form titled "HF Statement of Annual Income", can be:
 - 1) Completed when the family comes in for the program orientation interview,
 - 2) Mailed if program eligibility is conducted by mail, or
 - 3) Verbally declared by the family if program eligibility is conducted by telephone.

A copy of the declaration form (See Enclosure) shall be maintained in the client's chart.

- 2. CCS shall provide to the CMS Branch a list of HF subscribers whose families have declared that their annual incomes are greater than \$40,000.
 - The list shall include the subscriber's name, date of birth, and the Client Index Number linked to the subscriber's HF eligibility.
 - The list shall be submitted to the attention of Mr. David Jimenez CMS, Branch HF Liaison.
 - The list can be sent by mail, fax (916-327-1123), or email djimenez@dhs.ca.gov as frequently as new names are identified.
- 3. CCS programs shall forward approved claims for authorized services for subscribers with family income over \$40,000 with proof of HF eligibility (e.g. MEDS printout, HF Eligibility File printout, or copy of HF Plan membership card) to Ms. Jo Monday, CMS Branch.

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These claims shall be submitted with a transmittal document specifying they represent HF subscribers whose family's annual income is greater than \$40,000.

B. HF subscribers without a Signed PSA, 60 Days after the Date of Referral.

- 1. CCS programs shall forward approved claims for authorized services provided after the initial 60-day period with a MEDS print out confirming HF eligibility on the date of service.
- 2. The authorized service and claims and documentation should be forwarded to Ms. Jo Monday, CMS Branch. These claims shall be forwarded with a transmittal document specifying they represent HF subscribers without a signed PSA 60 days after the date of referral.

IV. Providing Tracking Lists to HF Plan Liaisons

A. Tracking Lists Requirements

- 1. Current Lists of enrolled HF subscribers are required monthly according to the current HF/CCS Memorandum of Understanding. CCS Programs shall coordinate with the designated HF plan liaison staff.
- 2. The lists shall include at a minimum:
 - a. Name
 - b. CCS case number
 - c. Client index number
 - d. Date of birth
 - e. SSN (if known)
 - f. CCS-eligible diagnoses
 - g. Date of eligibility and status (If the case is denied or closed, provide the reason for ineligibility and the date closed)
 - h. Referral source and primary care provider on file, if known.

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B. Sources of Tracking Lists:

- 1. CMS Net counties shall use the HF management reporting mechanism available through the system for printing tracking lists.
 - a. Independent county programs shall distribute tracking lists to the HF plans serving their counties.
 - b. State CMS regional offices shall distribute tracking lists to HF plans serving dependent county programs.
 - c. All tracking lists should be mailed to the HF plan addresses as identified in the most current HF plan listing that is communicated via CCS Information Notice Process or as indicated by individual CCS Plan Liaisons.
- 2. Counties not on CMS Net shall use their own computer systems to provide tracking lists containing at least the minimum data as in A.2 to HF plans serving their county.

V. CCS Program Responsibility for Referring to the Healthy Families Program:

A. Who Should Be Referred to HF:

- CCS is responsible for informing potentially HF eligible families about the HF Program and encouraging them to apply for HF health insurance coverage for their child.
- 2. The HF target population is a child over one year of age and under 19 years of age from a family with an income between 100 percent and 250 percent of the federal poverty level; Infants under one year from a family with income between 200 and 250 percent who have no health insurance and are not Medi-Cal full scope with a share of cost are potentially eligible.
- Children potentially eligible for HF can be identified at the time of the initial CCS application or during the annual CCS eligibility re-determination process.

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B. HF Program Referral Process:

- 1. Provide the family with a description of the HF Program. Have a supply of HF Program brochures and the joint Medi-Cal/Healthy Families application forms available in the office.
- 2. Explain the benefits of the HF Program to all potentially eligible applicants/clients.
- 3. Assist the family in completion of the joint Medi-Cal/Healthy Families application form or identify a community agency to provide assistance.
- 4. Continue to authorize medically necessary services for children otherwise eligible for CCS who have been referred as part of the initial CCS application or annual CCS eligibility re-determination.

VI. Other Important HF Policies:

A. HF CCS Clients with Medi-Cal, Full Scope no Share of Cost

- If a HF subscriber is identified in MEDS as also having Medi-Cal, Full Scope no Share of Cost, the CCS Program shall consider the HF subscriber as a <u>Medi-Cal</u> beneficiary.
- 2. Claims submitted to EDS for payment are to be coded the same as for any other Medi-Cal beneficiary. The claim must have the clients Medi-Cal Identification number, the provider's Medi-Cal provider number and either a "4" or "8" in the TAR control number box.
- 3. The client will remain eligible for both programs during the HF annual eligibility period as long as the family continues to pay the child's HF premiums. When the HF Program <u>re-determines</u> eligibility at the time of the annual review process, HF coverage will be terminated due to the child's Medi-Cal, full scope, and no share of cost eligibility.

B. Referral to Medi-Cal:

Children referred to CCS as a HF subscriber shall <u>not</u> routinely be referred to Medi-Cal. However, a Medi-Cal referral is appropriate in the following situations:

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- 1. If at the time of the CCS annual re-determination review a child has lost HF coverage and if the family's financial status appears to qualify the child for Medi-Cal, full scope, no SOC, the child should be referred to Medi-Cal.
- 2. The child has a CCS eligible condition resulting in a significant disability, which may qualify him or her for SSI.

C. HF Co-pays:

- 1. Services authorized by CCS for a CCS eligible condition are <u>not</u> subject to the co-pay requirements of the HF Program.
- 2. Providers should <u>not</u> charge families a HF co-pay since CCS authorized services are carved out of the HF plans.

If a family is charged co-pays for services authorized by CCS, the provider should be informed that it is inappropriate.

D. Providing HF plans with copies of Authorizations, Denials and Notice of Actions (NOAs):

Copies of authorizations, denials of service and NOAs shall be sent to the HF Plan Liaison of record. This information is needed by the plan in order to appropriately case manage the child's medical care.

VII. Helpful Resources:

A. MOU:

The CCS Program staff identified as the HF liaison should be familiar with the provisions in the signed MOUs with the HF plans in their county.

B. Liaison Lists:

- The CMS Branch uses the CCS Information Notice process to provide updated lists of the CCS liaisons in the HF plans and HF liaisons in county CCS Programs at least twice per year.
- 2. The lists contain the names, addresses, phone numbers, fax numbers and e-mail addresses (if available) of health plan and CCS liaisons

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performing the coordination of medical care and referral activities relative to the HF Program.

3. The list should be provided to staff assigned to act as the liaison within the plan/program. Electronic file copies of these lists can also be provided by request via email to the CMS Branch HF liaison, currently David Jimenez, at djimenez@dhs.ca.gov. (Updated lists have been enclosed for your information).

C. HF Eligibility Issues/Problems:

For HF eligibility or HF plan identification problems you may email the HF administrative vendor at HFPMEDS@eds.com or contact MRMIB directly if you have been authorized as the county designated/alternate staff person in accordance with the policy specified in N.L. 10-1002, dated October 25, 2002.

D. Websites:

- The CCS website address is http://www.dhs.ca.gov/ccs. The website provides information and forms pertaining to the CCS Program. The CCS application and CCS Program brochure may be downloaded and used by CCS Program staff.
- 2. The CMS website address is http://www.dhs.ca.gov/pcfh/cms. The website provides information on the programs that are administered through the Branch and includes direct links to California Children's Services (CCS), Child Health and Disability Prevention Program (CHDP), Genetically Handicapped Persons Program (GHPP), Medically Vulnerable Infant Program (MVIP), and Newborn Hearing and Screening Program (NHSP). The website also provides access to forms and publications including the CMS Directory containing address, phone, fax and email information of State and local staff. To access the directory click on "Forms and Publications".
 - You'll find the directory listed under Children's Medical Services. Enter CMS#directory (case sensitive) to open the file.
- The HF website address is http://healthyfamilies.ca.gov/. The website provides information on the HF Program and contains the CCS provider directory. The HF application and handbook information may be downloaded and used by CCS Program staff.

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E. CCS Provider Directory and CCS Provider Applications:

- The CCS provider directory can be accessed through CMS Net and is available to counties not on CMS Net, HF plans and Medi-Cal Managed Care plans on CD-ROM. CMS updates the CD-ROM on a quarterly basis.
- 2. Providers interested in participating in the CCS Program can request electronic copies of the applications by e-mail from Lori Cowan, CMS Provider Services Unit, at Icowan@dhs.ca.gov.

If you have any questions regarding this Numbered Letter, please contact David Jimenez, at (916) 654-6039 or by e-mail <u>Djimenez@dhs.ca.gov</u> or your Regional Office Administrative Consultant.

Original Signed by Maridee Gregory, M.D.

Maridee A. Gregory, M.D., Chief Children's Medical Services Branch

HF Statement of Annual Income

Patient Name:	Date of Birth:	
Patient's Address:		
My family's annual household income is: (chec	ck the correct respons	e)
[] At or below \$40,000		
[] Above \$40,000		
I declare that the foregoing answer is true and knowledge.	correct to the best of	my
Signature of Applicant/Parent/Legal Guardian		Date Signed

This information is only being used to confirm your child's eligibility for the CCS program since CCS is authorizing the care to treat your child's special medical problems.

County	CCS Liaison	Address
Alameda	Lynne Callen	Kaiser Permanente
Alailleua	Lyrine Galleri	Medical Social Work Dept.
		27400 Hesperian Blvd.
		Hayward, CA 94545
		Ph. (510) 784-4784
		Fax (510) 784-4686
		Email: Lynne.Callen@kp.org
Amador	Vicky Walker	Kaiser Permanente
Amauoi	VICKY WAIKEI	6600 Bruceville Road
		Sacramento, CA 95823
		Ph. (916) 525-3163
		Fax (916) 525-3090
		Email: Vicky.E.Walker@kp.org
Contra Costa	Lynne Callen	Kaiser Permanente
2011.1.4 00014	(Richmond)	Medical Social Work Dept.
	(radimona)	27400 Hesperian Blvd.
		Hayward, CA 94545
		Ph. (510) 784-4784
		Fax (510) 784-4686
		Email: Lynne.Callen@kp.org
		Linaii. <u>Lynne.Callen@kp.org</u>
	Joe Macaluso	Kaiser Permanente
	(Walnut Creek, Antioch, Park	Administration
	Shadelands, Pleasanton,	1425 South Main Street
	Martinez)	Walnut Creek, CA 94596
	,	Ph. (925) 295-4992
		Fax (925) 295-4689
		Email: joe.macaluso@kp.org
El Dorado	Vicky Walker	Kaiser Permanente
		6600 Bruceville Road
		Sacramento, CA 95823
		Ph. (916) 525-3163
		Fax (916) 525-3090
		Email: Vicky.E.Walker@kp.org
Fresno	Barbara Handly	Kaiser Permanente
	-	Pediatric Dept.
		7300 North Fresno Street
		Fresno, CA 93720
		Ph. (559) 448-4290
		Fax (559) 448-4754
		Email: Barbara.Handly@kp.org
Kern	Candace R. Kielty	Kaiser Permanente
		TPMG Administration
		8800 Ming Avenue
		Bakersfield, CA 93311
		Ph. (661) 664-3886
		Fax (661) 664-3729
İ		
Kings	**	Email: Candace.R.Kielty@kp.org

^{. **} KP is in the process of designating a CCS Liaison. In the meantime, contact Carole Welch, Healthy Families Compliance Coordinator at (510)625-7062 for assistance with CCS issues

County	CCS Liaison	Address
Los Angeles	Joy A. Lewis	Kaiser Permanente Social Medicine Dept. 1505 N. Edgemont Street Los Angeles, CA 90027 Ph. (323) 783-1636 Fax (323) 783-6824 Email: Joy.A.Lewis@kp.org
	Mary Boyd	Kaiser Permanente Social Services Dept. 6041 Cadillac Drive Los Angeles, CA 90034 Ph. (323) 857-2324 Fax (323) 857-3941 Email: Mary.M.Boyd@kp.org
	Mary Perry (Panorama City, Woodland Hills, and Lancaster)	Kaiser Permanente Social Services Dept. 13652 Cantara Street Panorama City, CA 91402 Ph. (818) 375-2709 Fax (818) 375-3852 Email: Mary.X.Perry@kp.org
	Eva Alvarez	Kaiser Permanente Social Services Dept. 25965 S. Normandie Avenue Harbor City, CA 90710 Ph. (310) 517-3466 Fax (310) 517-4103 Email: Eva.M.Alvarez@kp.org
	Rochelle "Rocky" Manago- Marples, RN, CPN, BSN (Baldwin Park and Bellflower)	Kaiser Permanente Pediatric Dept. 9449 E. Imperial Highway, Bldg.D-Suite 352 Downey, CA 90242 Ph. (562) 803-2251 (Tie Line 8-327) Fax (562) 803-2244 Email: Rochelle.A.Manago-Marples@kp.org
Madera	**	
Marin Napa	** Diane K. Hildebrandt	Kaiser Permanente Pediatrics Dept.
		975 Sereno Dr., 3 rd Floor Vallejo, 94589 Ph. (707) 651-3581 Fax (707) 651-3355 Email: Diane.K.Hildebrandt@kp.org

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County	CCS Liaison	Address
San Joaquin	Donna Salvi	Kaiser Permanente
		7373 West Lane
		Pediatrics Dept., 3 rd Floor
		Stockton, CA 95210
		Ph. (209) 476-3095
		Fax (209) 476-3949
		Email: <u>Donna.Salvi@kp.org</u>
San Mateo	JoEllen Elliott	Kaiser Permanente
		Pediatric Dept.
		1200 El Camino
		S. San Francisco, CA 90480
		Ph. (650) 742-2505
		Fax (650) 742-3265
		Email: JoEllen.Elliott@KP.org
Santa Clara	Judy O'Neill	Judy O'Neill
		Kaiser Permanente
		900 Kiely Blvd.
		Utilization Management Dept - Bldg. K
		Santa Clara, CA 95121
		P(408)236-5016
		F(408)236-5090
		email: Judy.O'Neill@kp.org
Solano	Diane K. Hildebrandt	Kaiser Permanente
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		Vallejo, CA 94589
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		Fax (707) 651-3355
		Email: Diane.K.Hildebrandt@kp.org
Sonoma	Barbara Keefer	Kaiser Permanente
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		Santa Rosa, CA 95403
		Ph. (707) 571-3620
		Fax (707) 571-4551
		Email: <u>Barbara.Keefer@NCAL.KAIPERM.ORG</u>
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		Sacramento, CA 95823
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		Fax (916) 525-3090
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		Ph. (916) 525-3163
		Fax (916) 525-3090
		Email: Vicky.E.Walker@kp.org
County	CCS Liaison	Address

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Yuba	Vicky Walker	Kaiser Permanente
		6600 Bruceville Road
		Sacramento, CA 95823
		Ph. (916) 525-3163
		Fax (916) 525-3090
		Email: Vicky.E.Walker@kp.org
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HEALTHY FAMILIES' PLANS

Medical Plan	Contact Person	<u>Phone</u>	<u>Fax</u>
Alameda Alliance for Health 1240 South Loop Alameda, CA 94502	Brenda Goldstein bgoldstein@alamedaalliance.co	(510) 747-4555 _m Ext. 4107	(510) 747-4507
Blue Cross 5151-A Camino Ruiz,	Janice Marder janice.marder@wellpoint.con	(805) 384-3650	(805) 383-1711
M.S. CC07 Camarillo, CA 93012	Laurie Baird laurie.baird@wellpoint.com	(805) 384-7066	(805) 384-7335
Blue Shield 50 Beale St., 20 th Floor San Francisco, CA 94105	Brenda Kaplan (Statewide Contact) brenda.kaplan@blueshieldca	(415) 229-5851	(415) 229-6997
CalOPTIMA 1120 West La Veta Ave.	Maria Calleros mcalleros@caloptima.org	(714) 246-8544	(714) 246-8580
Orange, CA 92868	Ginny Gamel ggamel@caloptima.org	(714) 246-8452	(714) 481-6544
Central Coast Alliance For Health 375 Encinal St., Ste A Santa Cruz, CA 95060	Clare Lindsay clindsay@ccah-alliance.org	(831) 457-3850 Ext. 4459	(831) 457-9587
Community Health Group 740 Bay Boulevard Chula Vista, CA 91910	Martha Jazo-Bajet mjazo@chgsd.com	(619) 498-6430	(619) 498-3811
Community Health Plan 1000 S. Fremont Avenue	Pamela Ricks-Hawkins phawkins@dhs.co.la.ca.us	(626) 299-5543	(626) 299-6272
Building A-9 East 2 nd Floor, Unit 4	Emilia Joaquin ejoaquin@dhs.co.la.ca.us	(626) 299-5553	(626) 299-6272
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Health Net 650 E. Hospitality Lane Suite 200 San Bernardino, CA 92408-350	Ana Clark, RN ana.clark@healthnet.com	(909) 890-4151	(909) 890-4163

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Kaiser Permanente Regulatory Services 1800 Harrison Street, 9 th Floor Oakland, CA 94612	See attached list Carole Welch Carole.Welch@kp.org	(510) 987-2062	
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Santa Clara Family Health Plan 210 E. Hacienda Avenue Campbell, CA 95117	Jackie Garrison-Linda jlinda@scfhp.com	(408) 874-1816	(408) 376-3532
Sharp Health Plan 9325 University Ave., Suite 200 San Diego, CA 92105-1601	Alice Nicanor alice.nicanor@sharp.com	(619) 228-2389	(619) 228-2444

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Delta Dental 11155 International Drive Rancho Cordova, CA 95670	Jennifer Corrales jcorrales@delta.org	(916) 861-2432	(916) 858-0319
Health Net Dental 125 Technology Dr., Ste. 100 Irvine, CA 92619	Nancy Smith nancy_smith@notes.fh.com	(800) 999-2848 Ext 513	(949) 790-3438
Universal Care Dental Plan 1600 East Hill Street Signal Hill, CA 90806-3682	Eileen McGee-Davidson EMacGee-Davidson@Univer	• •	(562) 981-5074
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Revision Date: 06/27/2000

Northern California Region San Francisco Regional Office

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Program Case Management Section Also Known as Sacramento Regional Office

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Northern California Region Sacramento Office

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